

**UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF NEW JERSEY**

IN RE: JOHNSON & JOHNSON TALCUM POWDER PRODUCTS MARKETING, SALES PRACTICES, AND PRODUCTS LIABILITY LITIGATION	MDL NO. 2738 (FLW) (LHG) Case No. 3:17-md-10136-FLW-LHG
THIS DOCUMENT RELATES TO: SHARON LEE STEPHANSEN, Plaintiff, v. JOHNSON & JOHNSON, et. al. Defendants	

SUGGESTION OF DEATH

Counsel for Plaintiff in the above-referenced action hereby gives notice of the death of Plaintiff Sharon Lee Stephansen. Ms. Stephansen passed away on December 2, 2017. Counsel was not made aware of Decedent's death until approximately May 2020.

By way of the Motion to Substitute Parties in accordance with Rule 25(a) of the Federal Rules of Civil Procedure, Jennifer VanDerveer, Jerome Michael Stephansen, Jessica Stephansen, and Brian Scott Messer, Plaintiff's surviving heirs at law, will immediately request to be substituted in this action as Plaintiffs and

Successors in Interest on Behalf of the Estate so that Sharon Lee Stephansen's claims survive and the action on her behalf may proceed.

Attached hereto as Exhibit "A" is a true and correct copy of the Death Certificate for Sharon Lee Stephansen.

Dated: October 21, 2020

Respectfully Submitted,

MORRIS LAW FIRM

By: /s/ James A. Morris, Jr.
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EXHIBIT “A”

STATE OF TENNESSEE

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 114613

DECEDENT	1. DECEDENT'S LEGAL NAME SHARON LEE STEPHANSEN				2. SEX FEMALE		3. DATE OF DEATH 12/02/2017	
	4. TIME OF DEATH (Approx.) 12:47 PM		5a. AGE 75		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
TYPE-PRINT IN PERMANENT BLACK INK	6. DATE OF BIRTH 09/19/1942				7. BIRTHPLACE VANCOUVER, WASHINGTON			
	8a. PLACE OF DEATH NURSING HOME/LONG TERM CARE							
DATE OF BIRTH	8b. FACILITY NAME WESTMORELAND HEALTH AND REHAB				8c. CITY OR TOWN KNOXVILLE		8d. COUNTY OF DEATH KNOX	
	9. MARITAL STATUS WIDOWED		10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION HOMEMAKER		11b. KIND OF BUSINESS/INDUSTRY OWN HOME	
DATE OF BIRTH	12. SOCIAL SECURITY NUMBER 361-34-6014		13a. RESIDENCE-STATE OR FOREIGN COUNTRY TENNESSEE		13b. COUNTY KNOX		13c. CITY OR TOWN KNOXVILLE	
	13d. STREET AND NUMBER 5037 LYONS VIEW PIKE		13e. INSIDE CITY LIMITS? YES		13f. ZIP CODE 37919		14. WAS DECEDENT EVER IN US ARMED FORCES? NO	
DATE OF BIRTH	15. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		16. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE WHITE			
	18. FATHER'S NAME JAMES MCGILL				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE NORA J CONTOYANIS			
PARENTS	20a. INFORMANT'S NAME JEROME MICHAEL STEPHANSEN JR		20b. RELATIONSHIP TO DECEDENT SON		20c. MAILING ADDRESS 1300 HOLMOUTH LANE, KNOXVILLE, TENNESSEE 37914			
	21a. METHOD OF DISPOSITION CREMATION		21b. PLACE OF DISPOSITION EAST TENNESSEE CREMATION COMPANY		21c. LOCATION MARYVILLE, TENNESSEE			
DISPOSITION	22a. SIGNATURE OF FUNERAL DIRECTOR /s/ JAMES A SAFEWRIGHT		22b. LICENSE NUMBER 5069		22c. SIGNATURE OF EMBALMER		22d. LICENSE NUMBER	
	23a. NAME AND ADDRESS OF FUNERAL HOME CREMATION OPTIONS, INC., P.O. BOX 31721, KNOXVILLE, TENNESSEE 37930-1721		23b. LICENSE NUMBER		1004			
REGISTRAR	24. REGISTRAR'S SIGNATURE /s/ LORI FERRANTI				25. DATE FILED 12/08/2017			
	26. CERTIFIER							
CERTIFIER	26a. <input checked="" type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.							
	26b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.							
PHYSICIAN OR MEDICAL EXAMINER EXHIBITING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS	27a. CERTIFIER /s/ CYNTHIA PEARMAN		27b. LICENSE NUMBER 034071		27c. DATE SIGNED 12/04/2017			
	27d. NAME AND ADDRESS CYNTHIA PEARMAN UNIVERSITY OF TENNESSEE HOSPICE 4435 VALLEY VIEW DRIVE SUITE 104A, KNOXVILLE, TENNESSEE 37917							
MEDICAL CERTIFICATION	28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR CIRCULATORY COLLAPSE WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.							
	IMMEDIATE CAUSE (final disease or condition making its death inevitable) leading to the death. Enter the underlying cause (disease or injury that initiated the events resulting in death) LAST.							
a. METASTATIC OVARIAN CANCER								
b. DUE TO (OR A CONSEQUENCE OF)								
c. DUE TO (OR A CONSEQUENCE OF)								
d. DUE TO (OR A CONSEQUENCE OF)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.								
29a. WAS AN AUTOPSY PERFORMED? NO								
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?								
30. MANNER OF DEATH NATURAL		31. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR				
33. IF TRANSPORTATION INJURY, SPECIFY:		34a. DATE OF INJURY		34b. TIME OF INJURY		34c. INJURY AT WORK?		
		34d. DESCRIBE HOW INJURY OCCURRED		34e. LOCATION OF INJURY				

PH-1059 (Rev. 8/2017)

RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner



1 2 2 0 0 9 1 7
Date Issued: Aug-04-2020

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF SERVICE

I hereby certify that on October 21, 2020, the above and foregoing Suggestion of Death was filed electronically and is available to viewing through the Court's electronic filing system. A true and correct copy has been served upon all counsel of record via the Court's ECF system.

/s/ James A. Morris, Jr.
JAMES A. MORRIS, JR.